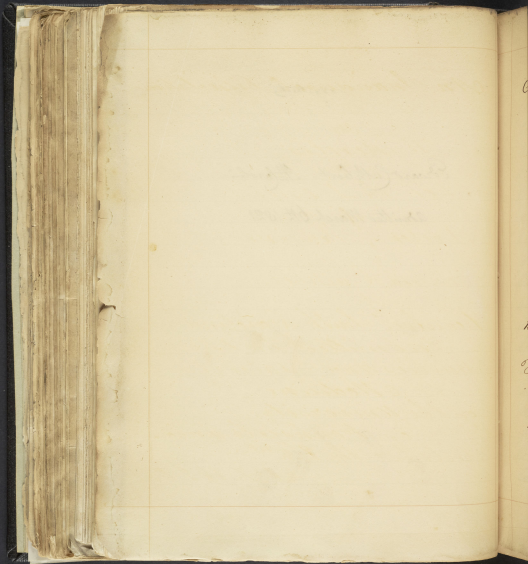


*Hysterites*  
*Hysterites*

Edward Culbert - *Marolina*

admitted March 6th 1821.



57  
An Inaugural Dissertation

on  
Hysteritis

For the Degree  
of  
Doctor of Medicine

by  
Edward Cuthbert

of  
Beaufort South Carolina

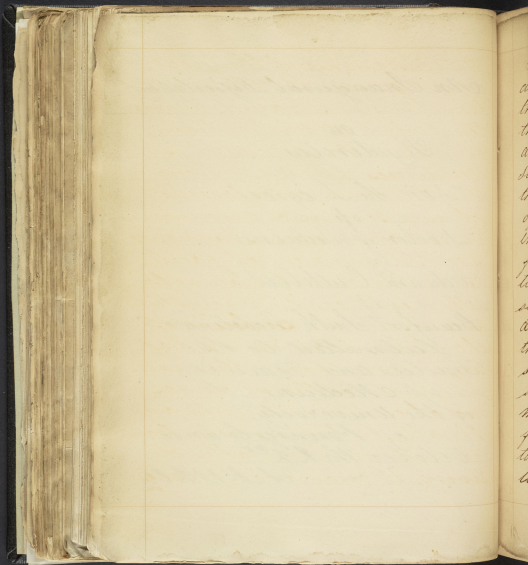
Submitted to the  
Trustees and Faculty  
of Medicine

of the University

of Pennsylvania.

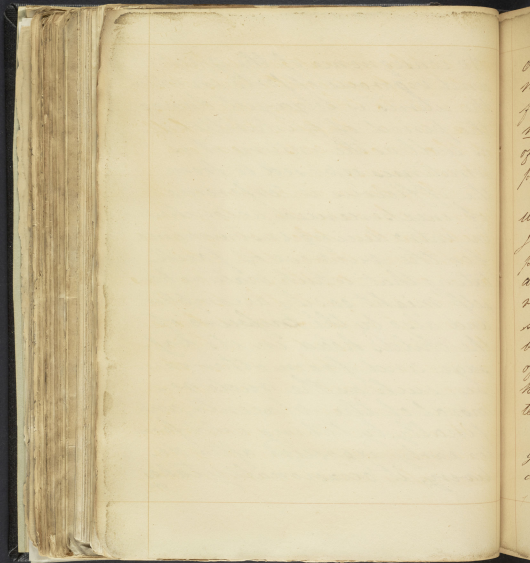
October the 2<sup>nd</sup>

A.D. 1820.





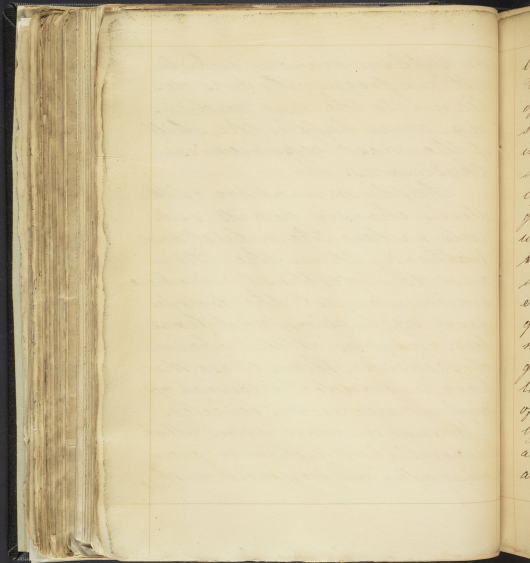
In consequence of the great and vigorous efforts in which the uterus is engaged during the period of parturition, as well as the injury it is sometimes exposed to from the officious interference of inexperienced accoucheurs in introducing instruments for the purpose of facilitating that which nature herself might easily accomplish; and also by the pressure of the child's head in its passage; and from other causes; such as the rude removal of the placenta, and finally by taking cold from too early exposure after delivery; it occasionally takes <sub>on</sub>



on inflammation, which  
not unfrequently bids de-  
fiance to the art medici-  
ne, and baffles the skill  
of the most experienced  
physicians.

Inflammation of the  
uterus chooses for its sub-  
jects rather the robust and  
plethoric, than the thin  
and delicate; those who have  
rolled amidst the profu-  
sion of luxury, and have  
been votaries at the shrine  
of pleasure, than those that  
have pursued the course of  
temperance and sobriety.

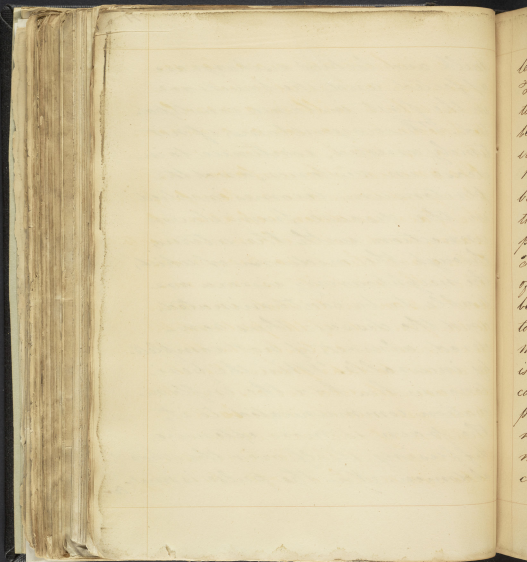
It comes on, when it does attack,  
generally about three or four  
days after delivery, and vinces  
12



itself by the following signs.  
There is felt at the lower part  
of the abdomen, at first, a  
slight degree of pain, which  
increases to a great extent. A  
swelling of the uterus is per-  
ceptible by passing the hand  
gently over the abdomen. The  
woman prefers to be upon her  
back rather than upon her  
sides. If she attempts to move  
on her legs, she experiences  
great pain. The skin becomes  
hot and dry, and there is  
great thirst. To these symp-  
toms are added alternations  
of heat and cold, followed  
by great increase of arterial  
action. The pulse is frequent  
and active. The secretion of <sup>milk</sup>

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milk and lochial discharge are  
 affected, and the bowels are  
 in the first instance constipa-  
 ted. These symptoms, if not  
 timely arrested, continue to in-  
 crease in violence, and the  
 peritonaeum becomes involved  
 in the disease from its close  
 connection with the uterus,  
 through the medium of which,  
 the neighbouring viscera are  
 liable to be contaminated,  
 and the disease thus ren-  
 dered almost, if not complete-  
 ly incurable. When the peri-  
 toneum has had the inflam-  
 mation communicated to it,  
 the pain is more extensive,  
 diffusing itself over the whole  
 abdomen. Now the pulse is smaller





ter, quicker and more tense.  
The stomach is affected some-  
times, which will in general  
be known by nausea, or even vom-  
iting of black matter?

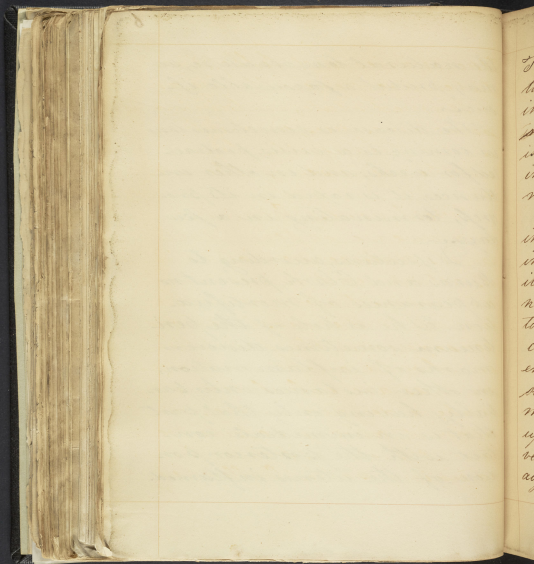
Prognosis. The unfavourable  
symptoms are paleness of  
the face, sudden cessation of  
pain, and cold clammy sweats.  
These are the sure precursors  
of death, and it is incum-  
bent upon us to state candidly  
to the friends of the patient, the  
melancholy catastrophe that  
is about to take place. On the  
contrary, should we observe the  
pain gradually to subside, a  
return of the secretion of  
milk and of the lochial dis-  
charge, with a soft skin of the

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the natural temperature, we may predict a favourable issue.

The disease is sometimes long in coming to a crisis, protracted for weeks; and in other instances, it is rapid in its progress, terminating in a few days.

Dissections, according to Burns and Clark, present no appearances of mortification. The whole of the peritoneum sometimes discovers marks of inflammation, in other instances only partially; having only that part that is in immediate contact with the posterior portion of the uterus inflamed.



The ovaries and fallopian tubes are generally in an inflamed state, containing sometimes pus, and which is also frequently found in the sinuses of the uterus.

Treatment. Consulted in a disease so formidable in its nature, so violent in its attack, and which if not immediately attended to leads to the most serious consequences, the practitioner should adopt such measures as are calculated to make a decided impression upon it, and if possible prevent it from affecting the adjoining parts. Called there  
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fore, in the early stage, when we have the leading characters of high inflammation, the first indication that should arrest our attention, is the reduction of arterial action. The only certain mode of effecting this purpose is by venesection. The vein opened should be a large one, and the orifice made wide, so as to admit of a large quantity of blood to be detracted in a short space of time, by which we more easily overcome the action of the heart and arteries, than by small and repeated bleedings. The quantity of blood to be drawn should be regulated

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ted by the state of the system. We are to keep our finger upon the pulse, until it becomes soft and yielding, denoting a tendency to syncope. Then and not till then are we to stop the flow of blood. If reaction of the arterial system takes place, we should recur to the use of the lancet, and not shrink from the adoption of the most certain plan by which we can rescue our patient. Upon the subject of resection, there is a difference of practice if not of opinion between some of the European practitioners and those of the United States.

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states. Controlled by prejudices which prevail to a great extent against the use of the lancet, or deluded by false theories, they neglect very much this remedy. Different far different is it the case with us.

In cooperation with bleeding from the arm, other measures should be used, such as topical applications, purging, and low diet. The topical applications are to consist of cups and leeches, and of these not sparingly, as they act by drawing blood directly from the part affected. The number of leeches applied, therefore, should not consist of only 12 or 15 <sup>as</sup>

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as is not unfrequently directed; but of 80 or 100 if they can be had. Warm fomentations are advised by some authors, to the surface of the abdomen by means of flannel cloths wrung out of hot vinegar and water. But this would seem improper, as the soreness of that part is so great as to render it necessary to remove even the pressure of the bed clothes. It might be better therefore to apply them to the vulva as recommended by Dr Delbec, who says, that when thus applied he has in some instances afforded great relief. D. Clark ad.

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advises blisters; but they are not generally used, being apt to excite strangury, thereby increasing the the pain and distress of the patient.

To obviate costiveness the neutral salts should be employed. ℥i or ℥ij of the sulphas ~~soda~~ or sulphas magnesica dissolved in about a pint of lemonade is recommended as a pleasant medicine, of which a wineglass full every half hour or hour is to be given, pro re nata. Warm emolient enemata are also said to be beneficial, as they act not only by unloading the intestines; but like  
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wise as fomentations.

To promote diaphoresis the saline julep with the addition of antimonial wine and laudanum is recommended, as is in like manner the spiritus mindereri.

Emetics have been suggested as a remedy in this disease; and Dr. Caldwell, in his notes upon fullen, observes, they may be tried. But this appears to me to be a very equivocal remedy, and I would resort to them with great reluctance.

Diet. This should consist of the least stimulating

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ting articles, such as sage, ta-  
poca, toast water, rice wa-  
ter &c.

Of late the spirits of  
turpentine has been spoken  
of very highly by a Mr Bre-  
nan, an Irish practitioner,  
for the cure of puerperal  
fever. And as Hysteritis, in  
its progress, partakes of the  
character of puerperal fever,  
might it not be also applied  
to the treatment of this disease  
when thus advanced?

